DIABETES				
Indicator	**STEPwise**	**CINDI**	**CARMEN**	**BRFSS**
				checked you for hemoglobin "AoneC"? *-__Number of times* *-None* *-Never heard of hemoglobin "AoneC" test* *-Don't know/Not sure* *-Refused*
How often feet checked for sores by healthcare professional - past year				*9. About how many times in the past 12 months has a health professional checked your feet for any sores or irritations?* *-__Number of times* *-None* *-Don't know/Not sure* *-Refused*
When last had eye exam when pupils dilated				*10. When was the last time you had an eye exam in which the pupils were dilated? This would have made you temporarily sensitive to bright light.* *-Within the past month (anytime less than 1 month ago)* *-Within the past year (1 month but less than 12 months ago)* *-Within the past 2 years (1 year but less than 2 years ago)* *-2 or more years ago* *-Never* *-Don't know/Not sure* *-Refused*

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Source: https://www.industrydocuments.ucsf.edu/docs/krnj0001

DIABETES				
Indicator	**STEPwise**	**CINDI**	**CARMEN**	**BRFSS**
			get *3. Yes, but very difficult to get* *4. I am unable to get it*	
Affordability of prescribed medication			*12.3 Are you generally able to afford or have the means to buy the medication prescribed by your doctor?* *1. Yes, always* *2. Yes, but buying it sometimes presents a hardship* *4. I cannot afford them*	
How often checks feet for sores				*5. About how often do you check your feet for any sores or irritations?* *Include times when checked by a family member or friend, but do not include times when checked by a health professional.* *-Times per day* *-Times per week* *-Times per month* *-Times per year* *-Never* *-No feet* *-Don't know/Not sure* *-Refused*
Whether foot sores ever took more than one month to heal				*6. Have you ever had any sores or irritations on your feet that took more than four weeks to heal?* *-Yes* *-No* *-Don't know/Not sure* *-Refused*
How often been checked for haemoglobin "AoneC" - past year				*8. A test for hemoglobin "AoneC" measures the average level of blood sugar over the past three months. About how many times in the past 12 months has a doctor, nurse, or other health professional*

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Source: https://www.industrydocuments.ucsf.edu/docs/krnj0001

DIABETES				
Indicator	**STEPwise**	**CINDI**	**CARMEN**	**BRFSS**
professional)			*performed these tests)?* *1. Times per day* *2. Times per week* *3. Times per month* *4. Times per year* *5. Never* *6. Don't recall/not sure*	*-Times per day* *-Times per week* *-Times per month* *-Times per year* *-Never* *-Don't know/Not sure* *-Refused*
Names of medication taken			*12.9 Please show me the diabetes medication you're taking. The interviewer will ask the respondent to show any medication he/she is taking. The interviewer will then write down, in the spaces provided below, the name(s) of the medications as they appear on the product label. Staff trained in this area will be responsible for classifying medication into groups.*	
Ever heard of glycosylated haemoglobin/ haemoglobin A1C?			*12.10 Have you ever hard of glycosylated hemoglobin or hemoglobin "A1C"?* *1. Yes* *2. No* *3. I'm not sure*	
How often tested for glycosylated haemoglobin - past year			*12.11 Approximately how many times during the past year has a doctor, nurse or other health professional tested you for or told you about glycosylated hemoglobin?* *1. Number of times* *2. Never* *3. Don't recall/not sure*	
Availability of prescribed medication			*12.12 Is the medication prescribed by your doctor generally available (on the market)?* *1. Yes, always* *2. Yes, but sometimes difficult to*	

PM3001499603

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DIABETES				
Indicator	**STEPwise**	**CINDI**	**CARMEN**	**BRFSS**
takes insulin				*-No* *-Refused*
Whether currently takes diabetes pills				*3. Are you now taking diabetes pills?* *-Yes* *-No* *-Don't know/Not sure* *-Refused*
Ever had blood sugar/ glycemia test			*12.5 Has anyone, on at least one occasion, tested (taken/checked) your blood sugar/glycemia prior to this interview?* *1. Yes* *2. No* *3. Don't recall/not sure*	
When last had blood sugar/ glycemia test			*12.6 When was the last time your blood sugar/glycemia was tested?* *1. More than 6 months ago* *2. 6-12 months ago* *3. More than 12 months ago* *4. Don't recall/not sure*	
Type of treatment following (excluding medication)			*12.7 What kind of treatment that does not involve medication are you following to lower/control your diabetes/glycemia?* *1. Fat-free diet or your diet contains less fat than previously* *2. Regular physical exercise* *3. Weight loss or control* *4. Increasing your intake of fruits and vegetables* *5. Other* *6. None*	
How often checks blood for glucose/ sugar (without health			*12.8 About how often do you - a family member or friend - do in-home testing to determine your BLOOD glucose/sugar levels (do not include times your doctor or other health professional*	*4. About how often do you check your blood for glucose or sugar? Include times when checked by a family member or friend, but do not include times when checked by a health professional.*

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DIABETES				
Indicator	**STEPwise**	**CINDI**	**CARMEN**	**BRFSS**
Ever been told has diabetes			[1]12.1 Have you ever been told by a doctor, nurse, or other health professional that you had or have diabetes or high blood sugar? 1. Yes 2. No	[2]7.1 Have you ever been told by a doctor that you have diabetes? -Yes -Yes, but female told only during pregnancy -No -Don't know/Not sure -Refused
When told has diabetes				[3]*1. How old were you when you were told you have diabetes?* -__ *-Don't know/Not sure* *-Refused*
Whether informed had diabetes when pregnant			12.2 Were you informed you had diabetes when you were pregnant? 1. Yes 2. No 3. Don't recall/not sure	
Whether currently receives treatment to control diabetes/ blood sugar			12.3 Are you currently in some type of program or receiving treatment to control your diabetes/glycemia/blood sugar? 1. Yes 2. No	
Type of treatment receiving			12.4 What type of treatment are you following? 1. Medication 2. Treatment without medication (diet, exercise, weight control)	
Whether currently				*2. Are you now taking insulin?* *-Yes*

[1] *Diabetes Mellitus*
[2] *Diabetes Core module*
[3] *Module 1: Diabetes*
STEPwise: Questions from "Expanded" section are in italics. All others are "core" questions.
CINDI: Questions in italics are "highly recommended" questions. All others are "obligatory".
CARMEN: Optional questions are in italics, all others are "core" questions.
BRFSS: Questions in italics come from optional modules or are State-selected questions. All others are "core" questions.

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